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NEW GRADUATE NURSES IN EARLY
SOLO FLIGHT: NURSE MANAGER
PERSPECTIVES

by

LEONEE ONYEKWERE

Presented to the Faculty of the Honors College of
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

HONORS BACHELOR OF SCIENCE IN NURSING

THE UNIVERSITY OF TEXAS AT ARLINGTON

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There's an African Proverb that says: "If you want to go fast go alone--If you want to go far, go together." Looking back through this entire honors process and nursing school, there has never been a moment where I felt thoroughly alone. I would like to thank my best friends, first Tiffany Kim who has gone through this honors journey with me, who has encouraged me in moments where I could not see the light at the end of the tunnel, and Bhumika Patel, Aimee Molina and Ashley Aku for your constant encouragement. You all hold a special place in my heart.

May 10, 2018

ABSTRACT

NEW GRADUATE NURSES IN EARLY SOLO FLIGHT: NURSE MANAGER PERSPECTIVES

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The University of Texas at Arlington, 2018

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Nurse managers play an integral role in the transition of new graduate nurses (NGN) to being competent nurses. Their roles include ensuring that NGNs are integrated properly into the workplace and having monthly check-ins to identify progress and setbacks with their transition to professional practice. This study explores the perspectives of nurse managers on the strengths and weaknesses of NGNs during their fourth to eighth month of experience working as a nurse. Five nurse managers were interviewed for this study at a location of their choice, and the interviews were transcribed for analysis. They were asked about the strengths and weaknesses that they have observed in new graduate nurses during the first few months of independent practice. The results indicated that nurse managers see strengths in NGNs' ability to be

connected to the unit and the environment and shared a viewpoint that NGN weaknesses were a reflection that they were not yet finished with the transition to practice presented.

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CHAPTER ONE

INTRODUCTION

1.1 Research Aim

The specific purpose of this research study was to learn more about the perspectives of nurse managers on new graduate nurses (NGN) in their fourth to eighth month of professional practice.

1.2 Introduction

According to the National Council of State Boards of Nursing (2017), there were approximately 157,720 new graduates who took the National Council Licensure Examination (NCLEX) for the first-time last year, and of these 75,944 had earned a baccalaureate degree. Are NGNs ready for nursing practice because they have graduated from school and completed the NCLEX successfully? Ninety percent of academic leaders believe that their students are prepared and ready to provide safe care in the hospital setting, while only ten percent of nurse leaders believe that nursing students are prepared to provide safe care (Berkow, Virkstis, Stewart & Conway, 2009). In order to assist NGNs with their transition to working in a hospital environment, employers offer them additional training once they are hired in order to help them successfully transition into the hospital setting and to provide safe optimal care. One NGN will cost an organization approximately \$88,000 to train, so it is important that the transition occurs

smoothly and that NGNs feel they are being cared for (Christine, Carol, Fatehi, & Jun, 2018).

According to the American Organization of Nurse Executives (2010), nurse managers are the key drivers in ensuring that the transition for NGNs is successful. Nurse managers are in charge of ensuring the leadership competencies of preceptors and providing supportive learning environment for NGNs to grow and learn (American Organization Of Nurse Executives, 2010). Because nurse managers have an important influence on the transition of NGNs to practice, this study seeks to gain the perspective of nurse managers as they work with their new graduate nurses.

1.3 Review of Literature

There are many research studies conducted from the NGN's point of view on their transition to practice in hospital settings. These studies typically focus on NGNs' experiences in the first three to four months of employment or they ask NGNs to take a retrospective look at their entire first year of transition (Regan et al., 2017). It is well known that a gap exists between what NGNs have learned in their academic preparation and what they will need to know in order to function independently and competently in their role as a nurse (Poster & Burns, 2008). There are fewer studies that focus on the nurse manager's perspective of the NGN transition to practice.

A qualitative study by Chernomas and colleagues (2010) was conducted using focus groups to acquire the perspective of nurse managers and new graduates on the transition of NGNs during their first three months of employment. Chernomas and colleagues (2010) stated that recruitment and retention of NGNs is a human resources issue. This study focused on three themes--"Know who I am" "Know what I need" and

“I feel prepared but”--as characteristics for the transition experience that NGNs face (Chernomas et al., 2010). “Know who I am” centered around the idea that units need to be aware of what it means to be a new nurse and to make it known that they are aware of NGNs’ status (Chernomas et al., 2010). “Know what I need” signifies the importance of certain instruments that need to be provided to ensure a NGN successful transition (Chernomas et al., 2010). These instruments include preceptors, clinical educators and skills classes. “I feel prepared but” centered around nurses voicing that they needed more clinical time to gain experience in complex skills (Chernomas et al., 2010). They also reported that NGNs experience a lack of confidence in providing patient care during their first three months of working as a new nurse (Chernomas et al., 2010).

Nurse managers verbalized awareness that, during their first year of practice, NGNs are dependent on others for educational support. They feel that NGNs need more practice in patient-family communication and in floating to other units during their first few months of practice (Chernomas, et al., 2010). Managers voiced how difficult it is to find mentors who were willing to invest the time to introduce new nurses to the workplace and teach them the skills they need for a smooth transition. Nurse managers possessed the awareness that NGNs are consumed with fear and require frequent validation for the care they provide during this time. Also, they felt that NGNs had difficulty with prioritizing care among patients, managing admissions, and estimating patient acuity (Chernomas et al., 2010).

Regan and colleagues (2017) conducted a qualitative study with the purpose of gaining the perspectives of nurse leaders and NGNs on NGN transition in the first three

months of work as a nurse. In the first three months of practice, NGNs lack certain skills required to practice independently as a nurse (Regan et al., 2017). Notably, this is due to lack of experience and difficulty with transferring what they have learned in school to patient care settings (Regan et al., 2017). When asked what factors they felt aided the transition of NGNs, both groups of participants stated that orientation and mentorship programs play a huge role on their transition. Nurse leaders observed that in the first three months of practice, NGNs are concrete thinkers. They voiced that in the first to third months of employment NGNs have tunnel vision and are too focused on task completion to provide full holistic care to their patients (Regan et al., 2017). They experience difficulty adapting to the culture of their unit and in translating nursing education to practice. Regan and colleagues concluded that there is a disconnect between what NGNs are taught in school and what they see when they enter the workforce. Although NGNs learn many skills while in school, there are other skills such as time management and patient prioritization that require multiple patient exposures to learn (Regan et al., 2017).

Berkow, Virkstis, Stewart and Conway (2009) conducted a two-part study that included getting input from different nursing schools as well as multiple nurse leaders. The first part of the study consisted of acquiring information from schools of nursing to determine what skills they prioritized for their graduates in order to develop a list of 36 competencies for NGNs. The second part of the study was to get nurse leaders' views on NGN strengths based on the competencies created by the researchers. Only about 25% of nurse leaders reported satisfaction with NGNs' performance in the workplace (Berkow et al., 2009). Nurse leaders were not satisfied with NGNs' ability to delegate

tasks, prioritize, work independently, resolve conflicts, and complete tasks. They also understand that NGNs are not yet competent to independently provide safe and effective care when they are first hired in the hospitals. About 50 % of nurse managers voiced that NGNs met performances for skills such as utilization of information technology, respect for diverse cultural perspectives and developing rapport with patients and families. The researchers also saw need for nurse leaders and executives to work with nursing schools to find solutions to improve the skills that were low ranked (Berkow et al., 2009).

A systematic review conducted by Theisen and Sandau (2013) identified important competencies needed for NGNs to be successful. They found that NGNs in the first three months of practice reported concerns regarding increasing their critical thinking skills, handling interpersonal conflicts, and dealing with situations such as end of life care and patient emergencies. They also noted that turnover rates in NGNs ranged from 35% to 60% and that many factors influenced turnover, including: stress, ineffective orientation, scarce resources, and lack of support and group cohesion (Theisen & Sandau, 2013). NGNs find the patient care environment to be fast-paced and that they must learn time management and self-organization skills to be successful. The six competencies that NGNs had the most difficulty with included leadership, organization, communication skills, critical thinking, stress management, and managing specific patient care situations (Theisen & Sandau, 2013).

Theisen and Sandau (2013) suggested increasing the use of simulation in the curriculum of nursing schools as one solution to these problems. They believed that simulation has the potential to provide NGNs with initial exposure to the high-acuity

environments that they will encounter once they start working. This study also found that other strategies to address the weaknesses of NGNs include residency programs that span the first year of work, include choosing to offer a consistent preceptorship during their orientation period, and frequent debriefing. They encouraged nursing schools to focus more on developing critical thinking and clinical reasoning to increase these skills in their graduates (Theisen & Sandau, 2013).

1.4 Theories

Judy Duchscher is a nurse researcher who developed a theory to describe the transition faced by NGNs in their first year of practice. She identified three different transitions that occur with NGNs during their first year of experience in acute care settings (Duchscher, 2008). During the first three months of exposure to the workplace, NGNs experience many challenges, including integration into a new work environment and translation of knowledge to practice. The first three months are also marked by tremendous intensity, fluctuation of emotion, adjusting and accommodating (Duchscher, 2008).

According to Duchscher (2008), when NGNs are assigned to work independently, this marks the beginning of the second stage of transition in their first year of practice. At this point in their transition to practice, many NGNs express feeling overwhelmed with the acuity and number of patients for which they are responsible. As a result, NGNs may feel the need to ask more experienced nurses for their opinions when they are concerned about the care they are providing for patients (Duchscher, 2008). During their fourth to eighth months of working, NGNs are initially characterized by their fear of failing and feelings of anxiety regarding their

new-found independence from their preceptors. Near the end of this stage, they gradually start to find a middle ground between their fear and confidence.

At about nine months of experience, NGNs are beginning Duchscher's (2008) third stage of transition. In this final stage, NGNs describe themselves as no longer being the scared nurses they once were, but also not yet possessing the knowledge, experience and skill levels of an experienced nurse (Duchscher, 2008). In this stage, NGNs are moving more confidently into the role of being a nurse with experience. Although this shift in the transition from being a learner to functioning independently as a nurse comes with a great deal of pressure and stress, there is also a sense of comfort and confidence that continues to grow over time (Duchscher, 2008).

1.5 Significance of the Research

As time passes, the acuity of patients in the hospital settings will continue to increase. Nurses are key coordinators and providers of the care needed by patients during a hospital stay. Because of the complexity of healthcare environments and the increasing acuity of hospitalized patients, NGNs will continue to encounter a steep learning curve in their transition to practice during their first year of employment. Nurse managers play a vital role supporting NGNs as they acquire the knowledge, skills, and experience needed in order to successfully complete their transition to a becoming a competent nurse with experience. The significance of this research is to learn more about the perspectives of nurse managers on new graduates nurses in their fourth to eighth month of professional practice.

CHAPTER TWO

METHODS

2.1 Research Design

Because little is known about nurse managers' perceptions of NGNs in their initial months of independent practice, a qualitative method such as phenomenology was appropriate to use to gain understanding of their thoughts and perspectives (Grove, 2015). Phenomenology is the study of phenomena as experienced by a person and is a credible approach used to study consciousness (Tuohy et al, 2013). Nursing phenomenological research methods are usually based on the work of Edmund Husserl, who is considered to be the father of phenomenology. He believed that there is only a phenomenon when there is someone that experiences it and that "the world can be known through people's thoughts" (Tuohy et al, 2013).

When using a phenomenological approach, data is often collected from participants through the use of interviews or focus groups. This approach allows researchers to ask about the thoughts and perceptions of the participants and to uncover the hidden meanings behind their experiences (Matua & Van Der Wal, 2015). Using the phenomenological research method for data analysis allows the researcher to develop a deeper understanding of the meaning of the phenomenon from the participants' words and their own social-cultural contexts (Matua & Van Der Wal, 2015). Approval to conduct this qualitative research study with nurse managers was obtained from the Institutional Review Board at the University of Texas at Arlington in December 2017.

2.2 Participants

Participants for this study were recruited using convenience and network sampling via email and personal contacts with the primary investigator. When potential participants were contacted regarding the study, they were screened for the study's inclusion criteria and provided with an informed consent document that included information about how long the interview would take, the potential risks and benefits associated with participation, and the types of questions that would be asked. To be included in this research study, the participants had to be English-speaking, hold a position as a nurse manager in a hospital setting with at least six months of experience, and have hired or helped to hire at least four NGNs within the last twelve months.

Once verbal consent for participation was obtained, the researcher scheduled individual interviews with the participants in a location of their choice. All participants chose to be interviewed in their offices at their place of employment. An average interview required 20 to 30 minutes to complete and was audio recorded for later transcription and analysis. During the interview, the managers were asked several demographic questions such as: "How long have you been a nurse?" "What area of nursing do you in currently work in?" And "How many years have you been a manager?" Managers were then asked nine open-ended interview questions such as: "What do you see as the top three strengths of nurses with four to eight months of experience?" and "What can nurse managers do to help NGNs' at this stage of practice?" A complete list of interview questions can be found in Table One. All participants were asked the same interview questions, and all participants chose to answer all the interview questions.

CHAPTER THREE

RESULTS

3.1 Introduction

The purpose of this study was to gain insight into the nurse managers' perception of new graduate nurses. This chapter outlines the analysis of this research question. The data analysis plan is explained. A description of the sample is provided. The three major themes derived from the interview data are identified and explained. These themes include 1) seeing the strengths, 2) not finished yet and 3) checking in.

3.2 Sample Characteristics

The participants were five individuals with experience as a manager, two males and three females. The managers worked in intensive care units, the cath lab and the telemetry floor. Their nursing experience varied from pediatric nursing to women's health to the intensive care units. The managers worked in hospitals located in a large urban area and served very diverse patient populations. Managers in this study had between eight months' and five years' experience in management. On average the managers hired between eight to fourteen NGNs every year.

3.3 Data Analysis Plan

Interviews were audiotaped and transcribed by the researcher. The initial steps of data analysis began with a process of reading and re-reading individual interviews with the goal of summarizing content into a few well-chosen words or codes without changing the original meaning. As more interviews were conducted and transcribed, analyzed

codes began to repeat themselves across interviews. The researcher connected or grouped these codes into broader categories or themes that described the experience of the participants. Selected quotes were identified that illustrated the themes uncovered in the research.

Maintaining trustworthiness or rigor within a qualitative project is an important goal. The researcher worked toward this goal within this qualitative project by keeping a paper trail of the transcripts and data analysis steps so they could be reviewed by interested others. Initial findings were shared with the participants as a form of member-checking so they could offer comments and feedback to the researcher. The researcher's goal was to write an analysis of the data that richly reflected the experience and perceptions of the participants.

3.4 Seeing the Strengths

Managers see many strengths in the new graduates that they hire and they believe that NGNs with six months of experience have characteristics that can positively impact their work life. One of the strengths of NGNs is their social and electronic connectedness to the world around them. They are interested in staying abreast of current events, they are reading and answering e-mails, and they are active on social media. Managers believe that NGNs desire to be connected and involved in the world around them increases the ability of NGNs to successfully transition into the flow of the units they are working in. As one manager stated, "I see new GNs really being involved in things that affect their lives and they want to be involved here as well."

Several managers also identified eagerness to learn as another strength that NGNs possessed. NGNs are ready to put their acquired knowledge to practice. This excitement

to learn influences the mood of the unit and helps to create an environment of learning in nurses with experience. Managers also described NGNs as “fresh minded,” which means they are open to learning new things. Because of their lack of experience many managers voiced the idea of being able to mold NGNs into the future nurses whom they wanted working in their unit. One nurse manager described it this way: “Their excitement gets the older nurses excited. As jaded nurses you know I’m excited about patient care again.”

3.5 Not Finished Yet

Managers believe that NGNs with six months of experience continue to encounter challenges as they grow into the role of an experienced nurse. They understand that NGNs are not finished yet and are still in a transition to becoming a competent nurse with experience. Nurse managers understand that NGNs are still lacking experience in some areas. There are certain situations that are going to be difficult for NGNs, and managers want them to know that this is normal at this point in their transition.

I think that’s where it is a scary time...when people come off their internship. Because they are having that feeling of “Wow this is me! Am I really that person doing this? Where is the nurse? No, I am the nurse...?!?” And so I would not want someone having that feeling. No, you’re not on your own. You’re not finished. There’s this big picture and we’re going to help you get through it.

Uniformly, managers in this study identified that NGNs struggle with time management in their first few weeks to months of independent practice. They know that NGNs experience difficulty keeping up with the fast pace and high acuity of their new environment. Because they are new to independent practice, NGNs often underestimate the amount of time it takes to think through what their patients need and complete their

work. “Falling behind” has a domino effect on their day, as one of the managers described:

Time management is always the biggest weakness that they have, but then that leads into so many other things. When you don't have good time management, your patient care always falls behind. This in turns brings down your confidence with not only your patient's families but also the physicians. They don't have the time they need to talk to them and advocate for their patient.

All nurse managers in this study also verbalized that critical thinking is still developing at this point in the NGNs experience. They need time to think and they are thinking about thinking.

As a new graduate nurse, they might sit there 30 minutes kind of mulling over the thought, “Do I need to talk to the doctor about this or is this something that I don't need to? Is this something that's fine to pass on to the day team” Things like that you might not see the direct impact of...but that's kind of chewing up 30 minutes of your time by still not having those critical thinking skills fine-tuned.

3.6 Checking In

Managers realize that they have an important role in supporting NGNs in their transition to practice. Creating consistent connections and communicating with NGNs is one of the most important actions that managers do help NGNs as they continue in their transition to practice. Many of the nurse managers in this sample reported meeting with their NGNs on a regular schedule to touch base on improvements and setbacks and to identify what steps need to be taken to help them be successful.

Even if its still six months to a year down the road I check in with them. “Hey, how is it going? Is everybody still treating you well? Is everybody helping you?” We have nothing if we don’t have each other.

One way to offer help to NGNs beyond frequent informal contact is to assist them with setting goals for improvement. Setting goals together helps to lay out the journey of learning and provide a way to track progress.

So not only is it me checking in with them, they also have their supervisors. And we have our educators who are really the ones kind of driving those conversations: “Okay now you’re at eight months let’s start getting to take care of patients that are continuous renal replacement therapy and let’s start focusing on that.

In addition, nurse managers can connect NGNs to services and support from the organization. This may include keeping them active in classes throughout a yearlong residency program or connecting them with a mentor or a unit-based educator for additional assistance and support. One of the managers described their residency program as an important support for their NGNs:

It’s a yearlong program that they have to do. It helps them voice concerns or issues that they’re having. And they feel comfortable because it’s not in the unit, it’s not to people from the unit so they can be more honest more open.

And finally, nurse managers want NGNs in the early stages of independent practice to be comfortable asking for help. They are concerned that sometimes NGNs are afraid to inform their managers when something goes wrong in certain situations.

One thing I always tell them is there's nothing we can't fix. Nothing is not fixable. We can always fix everything. We can go back and even if it means having education to do it differently the next time, that's still a fix.

3.7 Conclusion

Nurse managers believe that NGNs bring strengths with them when they start in their first job, including the desire to stay connected to the world around them and an enthusiasm for learning that influences other nurses on the unit. In the first few weeks and months of independent practice, nurse managers are aware that their NGNs are struggling with managing their time efficiently and with critically thinking about the care of their patients. At this point, nurse managers know that their NGNs are not finished yet with their transition to practice.

The role of the nurse managers is not limited to ensuring that new graduates have completed their precepted time and are successfully integrated into the unit. They believe there is great value to routinely checking in with their NGNs during their yearlong transition to practice. They want to make sure that all is going well, that their NGNs are continuing to be active in their education plan or residency program, and that they know they can ask for help if they need it. Nurse managers can also connect NGNs to the additional support offered by the employer if it is needed. It is important to understand the nurse manager's viewpoint on the first few weeks and months of NGNs' independent practice. They play an important role in assisting NGNs to successfully navigate through this stage in their transition to practice.

CHAPTER FOUR

DISCUSSION

Nurse managers play an important role in the transition to practice faced by new graduate nurses. In this study, three themes were found to describe nurse managers' views or perceptions of new graduate nurses in their fourth to eight month of work experience. These themes are: seeing the strengths, eager to learn, and not finished yet. The purpose of this chapter is to offer additional information about these themes and discuss the clinical significance of these findings. Limitations of the study and suggestions for future research will also be reviewed.

Managers appreciate the strengths in the NGNs that they hire, particularly their desire to be connected and involved in their units and their excitement and readiness to learn as they enter the profession. Managers believed that NGNs desire to be connected to the culture of the hospital and unit and involved in the world around them had a positive impact on the transition to practice. The newest generation of nurses, known as Millennials or Generation Y, was born between 1980 and 2000. Generally, they are confident with technology, they appreciate a team-based approach to work, and they expect immediate feedback and information (Lavoie-Tremblay, Leclerc, Marchionni, & Drevniok, 2010). Similar to the findings in this study, Dyess and Sherman (2009) found that NGNs verbalized excitement about their new role and expressed determination to get

into practice. Duchscher (2008) described the NGN in independent practice as experiencing an accelerated advancement in their clinical thinking, levels of knowledge, and proficiency in nursing skills.

For the continued success of new graduates, nurse managers need to be involved in the NGN journey to competency. This is achieved through frequent formal and informal communications between the manager and NGN to keep track of their success and to see where additional assistance is needed. The findings in this study showed that nurse managers believed that checking in with their NGN nurses is imperative because it allows managers to see the growth in the graduate nurses, assess the continuing transition, and assist with any interpersonal concerns. The American Organization of Nurse Executives (2015) highlights the importance of managers checking in with NGNs. Frequent check-ins with NGNs allows the manager to assess issues related to retention, such as NGN satisfaction, needs for additional training, and recognition of work done well. The importance of checking in is contrasted with findings in a study conducted by Evans and colleagues (2008), who discovered that in some facilities nurse managers offer little acknowledgement to new graduate nurses. In this study, when nurse managers were less involved in the ongoing transition to practice, NGNs reported feeling less connected and unimportant to their unit (Evans, Boxer & Sanber, 2008).

The idea of not being finished yet illustrates the need that new graduate nurses have for more education, classes and guidance. Not being finished yet reveals the nurse managers' understanding of an important dynamic in NGNs. Sometimes NGNs feel that at a certain point they should have acquired all the knowledge needed and they should be competent enough to provide care. This idea is also supported by Dyess and Sherman's

(2009) findings, which revealed that while transitional programs for NGNs typically last between three to six months, many NGNs still lack understanding and experience anxiety when they encounter brand-new situations that they are expected to manage. Duchscher (2008) theorizes that it takes over a year for NGNs to get to a place where they are able to provide safe care, and that NGNs need to be gradually transitioned into acute care, with classes and mentoring.

Understanding how nurse managers perceive NGNs when they are new to working independently is invaluable to both nurse managers and new graduate nurses. An integral part of nurse managers' work is maintaining staffing of their unit and ensuring that the nurses can provide safe patient care. Nurse managers in this study understood that the transition to practice for NGNs was stressful. They believed that NGNs continue to need support in the early months of independent practice in order to assist them to provide safe patient care and that they are well-positioned to offer this support. Understanding the strengths and weaknesses of NGNs at this stage creates an opportunity for nurse managers to consider interventions that need to be implemented to assist them. High levels of nurse manager support during this time of professional transition may help to reduce NGN turnover rates.

This study is helpful for NGNs because it offers important insights into the perspective of nurse managers. There is always great fear of the unknown. For NGNs, one fear lies in working independently on their units for the first time and needing to translate theory to real-world practice. It is intimidating to transition into independent practice as an NGN. It is difficult to know what to expect and how to act until you actually do it. NGNs at this stage of practice may be prone to assuming they should be

more experienced and “put-together” than would be expected by their managers. Managers in this study verbalized their understanding and positive support of their NGNs strengths, weaknesses, and challenges as they continued to progress through the first few months of independent practice.

4.1 Study Limitations

This research has several limitations to consider. The participants were recruited by network sampling. This is also called snowball sampling and can sometimes result in bias where participants can only represent people from certain areas (Burns & Grove, 2015). In phenomenology, participants are considered to be experts on their personal views and lived experiences. In addition, some participants may have been hesitant to share their experiences or held back some of their thoughts and opinions because they did not know the primary investigator (student nurse) and mentor (experienced nurse). The participants in this study worked in several different hospital-based units. Although commonalities exist among acute care managers working in different areas, a more focused study on the experiences of just critical care or telemetry managers may have yielded different results.

Other limitations to consider are the sample size and location of the study. Although the qualitative research method allows for a small sample sizes, a larger sample size would provide an opportunity to obtain a more diverse outlook on nurse manager perceptions of NGNs. In addition, the sample is working in medium and large hospitals in a large metropolitan area. Nurse managers working in medium and large urban hospitals may have different experiences than those working in public and/or rural hospitals. The

recruitment techniques and the subjective nature of phenomenological research limit generalization of the findings.

4.2 Recommendations

This research study illustrates nurse managers' understanding of NGNs' strengths: that they are eager to learn, and that they are not yet finished with the transition to practice at this stage. It is recommended that the current study be repeated with a larger sample size and a more focused sampling strategy (ie. focusing primarily on medical-surgical unit managers or critical care managers). Future studies could include a comparative descriptive study that compares the perception of NGNs and nurse managers on NGNs' strengths, weaknesses, and challenges in the first three to four months of NGNs' independent practice. It is recommended that continued training time be offered during this stage of the NGN transition to help further develop critical thinking skills and improve time management skills. It is also recommended that nurse managers plan to initiate frequent intentional contact with their NGNs as they transition to independent practice. Frequent contact between nurse managers and NGNs can help build relationships and create trust as they continue the journey to competent nurse with experience.

APPENDIX A
INTERVIEW QUESTIONS

Interview Questions

1. How long have you been a nurse?
2. What area of nursing do you in currently work in?
3. How many years have you been a manager?
4. Approximately how many new grads do you hire every year?
5. What do you see as the top 3 strengths of nurses with four to eight months of experience?
6. What are the top 3 weaknesses of new graduates with four to eight months of working?
7. What do you think new grads struggle most with when they are done with orientation?
8. What can nurse managers do to help?
9. What can the organization do to help?

APPENDIX B
RECRUITMENT LETTER

Nurse Manager's perception of new graduate nurses

For use with e-mail:

Hello,

My name is Leonee Onyekwere. I am a Nursing student at the University of Texas at Arlington. I am conducting a study to obtain the input of nurse managers' perception on new graduate nurses' strengths and weakness on their fourth to eighth month working as a nurse. I would like to invite you to take part in an interview that asks you about your experiences.

You are eligible to participate if you have:

- Hold a title as a Nurse manager in health care facility
- Have a minimum of six months of experience
- Have a minimum of 4 new graduate nurse among your staff
- Are English speaking

Data collection consists of one interview of approximately 30 minutes. The interview will take place in a setting of your choosing and will include some brief demographic questions and open-ended interview questions like:

- How many years have you been a manager?
- Approximately how many new grads do you hire every year?
- What do you see as the top 3 strengths of nurses with four to eight months of experience?

The results of this study could assist future nurse educators, staff developers, and managers who are working with nurses during their first year of practice.

More information on the study and your rights regarding participation, withdrawal, and confidentiality are outlined in the attached consent form. For additional information, or to participate in an interview, please contact me at:

Leonee Onyekwere
leonee.onyekwere@mavs.uta.edu
214-475-9834

APPENDIX C
INFORMED CONSENT

PRINCIPAL INVESTIGATOR

Leonee Onyekwere, Nursing student

Contact Phone: 214.475.9834. Email: leonee.onyekwere@mavs.uta.edu

FACULTY ADVISOR

Dr. Regina Urban, PhD, MSN, RN-BC, CCRN, CNE, University of Texas at Arlington College of Nursing and Health Innovation. Contact Phone: 817.925.3234. Email: rurban@uta.edu

TITLE OF PROJECT

Nurse manager's perception of new graduate nurses

INTRODUCTION

You are being asked to participate in a research study about the perception of nurse managers on new graduate nurses in their fourth to eighth month as nurses. Your participation is voluntary. Refusal to participate or discontinuing your participation at any time will involve no penalty or loss of benefits to which you are otherwise entitled. Please ask questions if there is anything you do not understand.

PURPOSE

The specific purpose of this research study is to get input from nurse managers that observe new graduate nurses on their view of new graduate nurse's strengths and weaknesses. The first year of nursing is a year of transition, and not much is known about how nurses may think and feel about nursing during this specific time frame.

DURATION

You will be asked to participate in a face-to-face individual interview, where you will be asked questions about the strength and weakness of new graduate nurses. The interview will last approximately 30 minutes.

NUMBER OF PARTICIPANTS

The number of anticipated participants in this research study is 10.

PROCEDURES

The procedures which will involve you as a research participant include participation in a face-to-face interview where you will be asked questions about the strengths and weakness of new graduate nurses. This interview uses the same list of questions for each participant. The interview will be audio recorded. After the interview, the recordings will be transcribed, which means they will be typed exactly as they were recorded, word-for-word, by the researcher. The transcription files will be used for data analysis for the research project. The recordings will be destroyed after transcription.

POSSIBLE BENEFITS

There are no direct benefits for participating in a research study. There may be a benefit for you to think and speak reflectively on your experiences in nursing over the past six to twelve months. Sharing your experiences with the researcher may eventually assist others

(educators, managers) who have an interest in working with new graduate nurses to know how to work with them more effectively during this time period of their career.

POSSIBLE RISKS/DISCOMFORTS

Thinking reflectively on your experiences may cause you to experience strong emotions (both positive and negative) and the length of the interviews (30 minutes) may be potentially fatiguing. You have the right to quit the interview at any time at no consequence and may do so by informing the researcher.

COMPENSATION

There will be no compensation for participating in this study.

ALTERNATIVE PROCEDURES

There are no alternative procedures offered for this study. However, you can elect not to participate in the study or quit at any time at no consequence.

VOLUNTARY PARTICIPATION

Participation in this research study is voluntary. You are free to withdraw consent and to discontinue participation at any time without penalty.

CONFIDENTIALITY

Every attempt will be made to see that your study results are kept confidential. A copy of this signed consent form and all data collected [including demographic information and transcriptions] from this study will be stored in the College of Nursing and Health Innovation at the University of Texas at Arlington for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant. Additional research studies could evolve from the information you have provided, but your information will not be linked to you in anyway; it will be anonymous. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the UTA Institutional Review Board (IRB), and personnel particular to this research have access to the study records. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above. The IRB at UTA has reviewed and approved this study and the information within this consent form. If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, the University of Texas at Arlington will protect the confidentiality of those records to the extent permitted by law.

CONTACT FOR QUESTIONS

Questions about this research study may be directed to Leonee Onyekwere, Leonee.onyekwere@mavs.uta.edu/Regina Urban 817.925.3234 or rurban@uta.edu]. Any questions you may have about your rights as a research participant or a research-related injury may be directed to the Office of Research Administration; Regulatory Services at 817-272-2105 or regulatoryservices@uta.edu.

CONSENT

By giving your verbal consent at the start of the interview in a non-personally identifiable manner, you confirm that you are 18 years of age or older and have read or had this document read to you. You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you give your verbal consent, and you have been told that you can ask other questions at any time.

You voluntarily agree to participate in this study. By giving your verbal consent, you are not waiving any of your legal rights. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

REFERENCES

- American Organization of Nurse Executives. (2010). *AONE guiding principles for the newly licensed nurse's transition into the practice*. Retrieved from <http://www.aone.org/resources/newly-licensed-nurses-transition-practice>.
- American Organization of Nurse Executives. (2015). *AONE Nurse Manager Competencies*. Retrieved from: <http://www.aone.org/resources/nurse-manager-competencies.pdf>
- Berkow, S., Conway, L., Stewart, J., & Virkstis, K. (2008). Assessing new graduate nurse performance. *The Journal of Nursing Administration*, 38(11), 468-74.
doi:10.1097/01.nna.0000339477.50219.06
- Burns, P., & Poster, E. (2008). Competency development in new registered nurse graduates: closing the gap between education and practice. *Journal Of Continuing Education In Nursing*. 39, 67-73. doi:10.3928/00220124-20080201-03.
- Christine T. K, Carol S. B, Fatehi F., & Jun J. 2014. What does nurse turnover rate mean and what is the rate. *SAGE Publication Journals*, 15(3) 64-71.
<https://doi.org/10.1177/1527154414547953>
- Chernomas, W., Care, W., McKenzie, J., Guse, L., & Currie, J. (2010). 'Hit the ground running': Perspectives of new nurses and nurse managers on role transition and integration of new graduates. *Canadian Journal of Nursing Leadership*, 22, 70–86. doi:10.12927/cjnl.2010.21598

- Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing, 39*(10) 451-452. doi: 10.3928/00220124-20081001-04
- Dyess, S. & Sherman, R. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing, 40*(9). 403-410. doi: 10.3928/00220124-20090824-03.
- Evans, J., Boxer, E., & Sanber, S. (2008). The strength and weaknesses of transitional support programs for newly registered nurses. *Australian Journal of Advanced Nursing, 25*(4), 16-22. Retrieved from: http://www.ajan.com.au/vol25/vol_25-4_evans.pdf
- Grove, S.K., Gray, J.R., & Burns, N. (2015). *Understanding nursing research: Building an evidence-based practice* (6th ed.). St. Louis, MO: Elsevier Saunders.
- Lavoie-Tremblay, M., Leclerc, E., Marchionni, C., & Drevniok, U. (2010). The needs and expectations of generation Y nurses in the workplace. *Journal for Nurses in Staff Development, 26*(1), 2 – 8. doi:10.1097/NND.0b013e3181a68951
- Matua, G.A., & Van Der Wal, D.M. (2015). Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher, 22*(6) 22-27. doi:10.4172/2167-1168.1000119
- Regan S., Wong C., Laschinger H., Cummings G., Leiter M., MacPhee M., ... Read E. (2017). Starting out: Qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *Journal of Nursing Management, 25*, 246–255. doi: 10.1016/j.nedt.2012.06.005

Theisen, J., & Sandau, K. (2013). Competency of new graduate nurses: A review of their weakness and strategies for success. *Research Gate*, 44(9), 406-14.

doi:10.3928/00220124-20130617-38

Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixmith, J. (2013). An overview of interpretive phenomenology as a methodology. *Nurse Researcher*, 20,17-20.

doi:10.7748/nr2013.07.20.6.17.e315

BIOGRAPHICAL INFORMATION

Leonee Akuoma Onyekwere was born in Aba, Nigeria, to Leonard Onyekwere and Angela Onyekwere and lived there till the age of 11, when she moved to Texas. She graduated from Mesquite High School, then chose to continue her education at the University of Texas at Arlington, majoring in Nursing. As a student at UTA, Leonee was introduced to Honors College and the opportunity to do undergraduate research.

As an Honors College student Leonee got the opportunity to contract different classes for the Honors College to gain a deeper insight behind the class content. One of the classes she contracted was a pathophysiology course taught by Dr. Regina Urban, who later became her mentor. For her Senior Project Leonee was informed that Dr. Regina Urban was conducting a study on new graduate nurses and decided to investigate the topic. After brief research on the topic, Leonee related to the topic on a personal level because she would soon be a new graduate nurse herself. She decided that she wanted to know more about the challenges new graduate nurses faced. Luckily, Dr. Regina Urban agreed to be Leonee's Mentor for her Senior Project. Through her honors senior research Leonee gained knowledge about new graduate nurses strengths and weakness from the point of view of nurse managers.

Leonee is thankful to the Honors College for the opportunity to conduct an undergraduate thesis. She is also grateful to her mentor and the nurse managers who were involved in her Senior Project.